

(1) PLACE OF BIRTH

County of Fairfield
 Township of Jenkinsville
 OR
 Inc. Town of
 OR
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
30093

Registration District No. Registered No.
 (For use of Local Registrar)

City of (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Grace Friday If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 19
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Frank Friday
 (9) PRESENT POSTOFFICE OF FATHER Detroit
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 21
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth One

MOTHER.
 (14) NAME BEFORE MARRIAGE Queen Ashford
 (15) PRESENT POSTOFFICE OF MOTHER Jenkinsville
 (16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 15
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION at home
 (21) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born at 11:30 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) C. L. Jones M.D.(24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician Res.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
10/10 (27) Filed 19 (28) Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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